



TOWN OF JAY

Office of the Town Clerk

Carol Greenley Hackel
townclerk@townofjayny.gov

P.O. Box 730, 11 School Lane
Au Sable Forks, NY 12912

Telephone: (518) 647-2204
Fax: (518) 647-5692

Application for Dog License

Date of application: _____

Owner's Name: _____

Street: _____

City/State/Zip: _____

Phone #: _____

Dog Name: _____

Dog Sex: _____

Birth Year: _____

Breed: _____

Primary Color: _____

Second Color: _____

Veterinarian: _____

Rabies Vaccine: attach copy of current certificate (must include rabies serum lot #, rabies tag # & vaccine manufacturer)

Fee schedule (cash or check):

Spayed/Neutered: ☐ \$10.00

Unaltered: ☐ \$20.00

Licenses are valid for 1 year and run from date of issuance.

****Office Use Only****

License Number: _____

Amount Paid: _____

Date License Issued: _____

Date Paid: _____

Type of License: _____

Payment Type: ☐ Cash ☐ Check